TRIBAL EPIDEMIOLOGY CENTERS

TEC Directors Roundtable Discussion Transcript

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2 PM Eastern

Facilitated by: **Abigail Echo-Hawk**
Director: **Urban Indian Health Institute**

Abigail Echo-Hawk (00:00:41):
Good afternoon everyone who is joining us today, and greetings from the lands of the Coast Salish people where I currently sit in the offices of the Seattle Indian Health Board. My name is Abigail Echo-Hawk. I'm a citizen of the Pawnee nation of Oklahoma on my father's side and I was born and raised in the heart of Alaska, amongst the Athabascan people on my mother's side. I'm honored to be here today with all of you to facilitate this round table with Tribal Epidemiology Center Directors and we are so grateful for everybody who has joined us today as we talk about the Tribal Epidemiology Centers and our responses across Indian country. I'm excited to have the rest of my fellow TEC Directors with us. I am currently the Director of the Urban Indian Health Institute and we work to serve urban dwelling American Indians and Alaska Natives. So Tribal people currently living off of Tribal lands in urban areas. Today you are going to hear the incredible responses that us Tribal Epidemiology Centers have been able to do in our respective regions. Thank you for gathering here with us today. We thought that the best way to start this out would be to give an introduction to the Tribal Epidemiology Centers. Right now in the midst of COVID-19 response, you hear epidemiology every five minutes on the news, and we wanted to give you an overall understanding of who the Tribal Epidemiology Centers are and where our respective centers are working to serve our communities during this pandemic. I am going to introduce you to Kevin English, who is one of our co-chairs of the Tribal Epidemiology Centers. We do come together as a collective and Kevin is one of the co-chairs. Kevin, if you want to go ahead and start our little introduction to the Tribal Epidemiology Centers.

Kevin English (00:02:35):
Sure, thanks so much Abigail. My name is Kevin English and I direct the Albuquerque Area Southwest Tribal Epidemiology Center. We serve 27 Tribes in New Mexico, Southwest Colorado and West Texas. As Abigail mentioned, we wanted to start with just a brief overview of what the Tribal Epidemiology Centers are, who we are, and what we do. On this first slide, you'll see that Tribal Epi Centers were established through the Indian Healthcare Improvement Act. In 1996 there were four TECs, and now we're up to 12 Tribal Epi Centers across the country. We all receive some core funding through a cooperative agreement with the Indian Health Services Division of Epidemiology and Disease Prevention. This next slide shows you a map of where each of us are located in our service areas. Most of you who are familiar will note that our service areas largely overlap with the Indian Health Service administrative areas. One key exception would be the Urban Indian Health Institute up in Seattle, Washington, which serves the urban Indian health organizations throughout the country.

Kevin English (00:03:45):
In 2010 when the Affordable Care Act was passed, it permanently reauthorized the Indian Health Care Improvement Act. This did many things for Tribal Epi Centers. First and foremost, it designated us as public health authorities. It also directed the Secretary of Health and Human Services to provide Tribal Epi Centers with any data that the secretary holds access to. It indicated that the CDC shall provide Tribal Epi Centers with technical assistance and support and that each Indian Health Service area must have Tribal Epi Center access. The act also indicated seven core functions which should be performed by Tribal Epi Centers. With epidemiology you would imagine that the first is to collect data. Other core functions are to evaluate data and programs, identify health priorities in partnership with our Tribes, make recommendations for health service needs, and improving healthcare delivery systems, providing epidemiologic technical assistance to Tribes and Tribal organizations, and providing disease surveillance to Tribes.

Kevin English (00:04:55):
It's really important to know that how each of our centers operationalize and prioritize these core functions is really a product of the needs and priorities of the communities that we serve. So they may look different across our centers, but we do share these seven core functions. For those of you familiar with the 10 essential public health services, you'll also recognize that our core functions really do align with all 10 essential public health services. I'm not going to spend a lot of time on this slide, but you can see that there are a variety of different activities that each of our Centers are performing that fit into each of the 10 essential public health services. Finally, I wanted to call your attention to the fact, as Abigail mentioned, that we do work together and we do have collective actions and activities and one such product is a national website that you can visit any time at www.TribalEpiCenters.org, which all of us contribute to and oversee. With

that, I'll go ahead and turn it back to Abigail. Thank you.

Abigail Echo-Hawk (00:05:57):
Thank you Kevin. I really appreciate you giving that overview. I think one of the things to understand about Tribal Epidemiology Centers is that we exist because of the advocacy of Tribal leadership. We exist because Tribal leadership recognized that we needed to have visibility within data and that we needed to be doing data from the perspectives of our unique communities instead of relying on the Federal Government to collect data for Native people, it was for us to do it ourselves. We exist because of Tribal leadership and their continued advocacy to ensuring a great future for the rest of the next generations. I know that as we move on, you may have some questions. Please enter any questions into the question and answer box. We have some folks who are going to be answering those questions live if we're able to do so. You'll be able to see any answered questions as they're answered. Please use that question and answer box as you may have some questions as we go on. Then we're going to go into a round table style where we'll have some conversations among the Tribal Epi Center Directors around some specific questions and we will have some time for more questions and answers at the end. If folks want to stick around, we're willing to stick around longer than the scheduled presentation and spend some more time with you to answer any questions if a lot do come up. So please use that question and answer box and we are here to facilitate and to answer those questions as you may have them as they arise. And again, Kevin made a really great point about what we do and it is really related to public health.

Abigail Echo-Hawk (00:07:36):
I learned how to be a public health practitioner from my parents. They were the most the most incredible public health folks I've ever met. They fed the community, they took care of the community. They made sure that we were thinking as a collective, as a whole, not just as individuals. And so that's what public health is. That's what we do at the Tribal Epi Centers, we gather this information to understand more about the population of our people as a whole. Part of that being a community, particularly in the days we're in right now around COVID-19, we know that we are asking our people to actually separate themselves a little bit, to quarantine themselves, and to ensure that they are not increasing the risk of passing COVID-19 to other individuals.

Abigail Echo-Hawk (00:08:24):
However, we do know that it has happened. So one of the things that is a very important function of addressing COVID-19 is contact tracing. It's something we hear a lot about on the news. We hear a lot of people talking about it and we thought this would be a really great time for us to introduce contact tracing. I'm actually going to pass this onto my friends out at the Oklahoma TEC and Tyler Dougherty is going to do an introduction and talk a little bit about contact tracing. So off to you Oklahoma folks.

Tyler Dougherty (00:09:05):
Thank you Abigail. As you can see the Oklahoma TEC covers Oklahoma, Kansas and Texas American Indian and Alaska Native Tribes. Our mission is dedicated to serving the Tribal Nations of the Southern Plains by improving health outcomes for American Indians through partnerships, advocacy, education and training. We serve the 44 federally recognized Tribes in Kansas, Oklahoma, and Texas. We are based in the city and the Oklahoma TEC was created in 2005. Our overall Coronavirus response efforts are centered around four key activities. This includes communications (including a resource page on our website and frequent social media and newsletter updates), surveillance (monitoring public health data and making sure that we have the tools necessary to go out and provide contact), and creating case investigation trainings for Tribes as they become interested in these trainings in our area.

Tyler Dougherty (00:10:58):
So why contact tracing? We started teleworking in mid-March, and several grant programs had reduced activity due to our inability to go into our communities. OK TEC saw a need to assist with contact tracing case investigation to improve public health across the state of Oklahoma. We initiated conversations with the Oklahoma City County Health Department CEO and one of their lead epidemiologists, to begin this partnership. OCC HD had their own contact tracing staff participating, and we also asked our staff to complete the training provided by the Association of state and territorial health officials and all necessary onboarding documentation. We have two people who have access to PHIDO for Oklahoma County and that is to assist, OCC HD with contracting efforts and to enter that data as we collect it directly into the state database. Cases are assigned by Casey or myself to a team of up to 10 contact tracing staff in the morning. At the end of that day or once those calls are completed, we enter that information in to PHIDO. That is how we have been able to scale up without asking for a lot of our staff to gain access to that database. Case data is entered by the members at the end of the day, and we send summaries of follow-up calls to OCC HD every single day.

Tyler Dougherty (00:12:58):
As of May 20th, we have called cases 417 times. Those are about 150 unique Oklahoma County residents and we cleared 83 of those individuals. We have called contacts related to those cases 167 times and cleared six. We had six contacts that were actually converted to cases due to our case investigation and contact tracing efforts. We are currently in talks with Oklahoma State Health Department to try to gain greater access to PHIDO across the state so we can see when IHS facilities in rural areas or Tribal entities, and Tribes want or are seeking help in contact tracing case investigation. We want to be able to offer that to them and be there ready when those requests come in. To do that, we are seeking access to this PHIDO database. We're considering reaching out to the Kansas Department of Public Health for that as well. However, our

relationship with the Oklahoma State Department of Health is much stronger at this time. I know that was a brief overview but if you want general information about our COVID 19 activities, you can respond to those emails. You can email myself, Tracy or Casey for any questions that you may have. Thank you so much for the opportunity.

Abigail Echo-Hawk (00:14:41):
Thank you so much Tyler for that overview of what the Oklahoma Area Tribal Epidemiology Center is doing around contact tracing. So for those of you who maybe just joined us, I saw we've had some increase in participation. We were just discussing contact tracing and Tyler just gave a great overview of what is going on in the Oklahoma Area. One thing to know is that each Tribal Epidemiology Center is doing something a little bit different. What Tyler spoke about doing isn't going to be the exact same thing that is happening in the Pacific Northwest or Alaska or on the East Coast. He gave a great example of how a Tribal Epidemiology Center has answered the needs of the community, is working with the state to access data and is using that data and inputting data from contact tracing to ensure the safety and wellbeing of their community.

Abigail Echo-Hawk (00:15:31):
And for those of you who are new to the world of contact tracing, it takes a look at an individual who has tested positive for COVID-19. Then they go back and try to find out all of the folks that they have been in contact with. Sometimes that can be a little bit harder because we know some of our relatives don't have access to good internet or to good phone service. So there are some unique considerations that Tribal communities are taking and the individual Tribal Epi Centers are assisting those communities in whatever way we can. But that varies Tribal Epi Center to Tribal Epi Center. You'll hear us say that the most, what one Epi Center is doing is what one Epi Center is doing. It doesn't necessarily apply to what the others are doing. And I saw one of the questions that came through and I know we have some folks who are answering questions right now, but I think it's a really important one. I want to say that Tribal Epi Centers nationwide are not getting access to the data that we should from both the states and from the federal government. That is an area of advocacy that we are leaning on our Tribal leadership and that we are also doing together to get access to the data in order to protect our communities. And thank you so much to Oklahoma TEC because they are doing an absolute exercise of Tribal sovereignty and that is collecting data from the contact tracing and doing that ourselves. So thank you again Tyler for giving us that overview. So we are going to talk a little bit about what the Tribal Epi Center Directors would like to share around our activities. And we have a couple of questions and I'm going to call on some of the Epi Center Directors and we're going to have a little bit of a conversation starting with probably our biggest question.

Abigail Echo-Hawk (00:17:13):
I'm going to ask my fellow Directors to please keep their answers to about three minutes. So if you feel like you'd like to know more about their answers or would like to ask questions, please use the question and answer box so we can get those answers to you. My first question is, what are some of the main activities that your Tribal Epi Center has focused on related to COVID-19 response? And I'm going to ask the incredible Christy Duke from USET to start us off. Hi Christy. Hello Abigail. Thank you for having me.

Christy Duke (00:17:50):
As you said, the Epi Center has been conducting A combination of activities that will benefit all of the Tribes within the USET area, which ranges from Maine to Florida and then over to East Texas. So we have quite a large area. So we're trying to strike the balance between serving all of the Tribes and offering tailored technical assistance. From early on we created a surveillance instrument. When this first started, most of our Tribes were on RPMS and there was not an ICD 10 code yet in RPMS. So we created a surveillance tool that the Tribes could utilize in redcap so that they could track their cases. And in addition to just the general surveillance tool, we built a module that would allow them to contact trace as well. Tribes have the ability to track their cases, provide appropriate follow-up for confirmed cases, and also track contacts and provide follow-up information and public health guidance to those folks who have been in contact with the known case.

Christy Duke (00:19:03):
We also create a weekly surveillance report in which we look at the rates of COVID-19 in the surrounding areas in their contract health service delivery area. Just looking to see what's going on and how that might affect the Tribe as well as their testing data. We work very closely with the Indian Health Service Nashville area office and we share that information back and forth. Most of our Tribes are reporting their testing data to IHS, so we're able to synthesize that information and provide a weekly report back to Tribal leaders so they can have a snapshot of what's going on in their area. In addition to that, it became apparent very early on, and I'm sure we are not alone in this, that PPE was a huge need in our communities that we've spent a significant amount of time sourcing, purchasing and sending PPE to our Tribal Nations. We've sourced masks, we've sourced fit test kits for N-95 masks, gloves, scrub caps, just any PPE gowns that they might utilize in their fight against COVID-19. Twice per week we hold a joint call with the Indian Health Service, Nashville area office and the BIA Nashville office. So Tribal leaders and decision makers can get up to date information on what all three organizations are doing. We have an excellent relationship with IHS and BIA and we found that those partnerships have been essential in the fight against COVID. In addition to that, we've been synthesizing CDC and World Health Organization guidance, tailoring it specific to Tribal communities. Our Epi Center has been issuing guidance for Tribal consideration documents on all sorts of things: on testing, on contact tracing, on utilizing the surveillance tool that we created, and on social distancing.

Christy Duke (00:21:18):
That was early on. So we've created those documents in hopes that it will help guide their Tribal Nations so that they can implement policies and programs into their own communities. We work closely with the Indian Health Service Nashville area office to interpret test data and to make public health recommendations. We're currently working with the National Coordinating Center to create educational materials. I know we've all heard about the limitations of the Abbott test, that a negative is not a negative. We don't want people making public health decisions based on negative test results. That would be disastrous. Indian Health Service kind of takes care of the clinical side of that, and then we take care of the public health side of that. In addition, we've been offering specific guidance to Tribes. We've consulted on casino reopening plants, and on the lack of data. That was a question and we're working with states and Tribes to get access to the data. We've worked on just different public health interventions, hand washing campaigns, so the Tribes do call on us for their specific needs. And we tailor our technical assistance based on their needs. Thank you Abigail. I'll turn it over to one of my other TEC Director colleagues.

Abigail Echo-Hawk (00:22:41):
Thank you so much Christy for the incredible overview of the work of USET. And then one of the things I want to point out that Christy discussed was specifically around, you know, we're using acronyms such as RPMS. So RPMS is the electronic medical record system that the Indian Health Service has for our facilities to use. Not everybody uses RPMS and Christy's region, a majority of them are. But for example, in my work with the Urban Indian Health programs, approximately half of them use RPMS as their system and the other half are using different types of electronic medical record systems. And a lot of Tribes who operate their 638 or compacted clinics also may be using something different than RPMS. That can make it difficult for us to gather data that is cohesive and can be used and cross matched. So for what Christy was talking about using redcap, which is a way to gather data, again I see it as an expression of sovereignty, of gathering our own data so that it can be used for the USET Tribes like Christy is doing and especially the innovation around ICD 10 codes. So those are your codes. When you go into a clinic and you have an encounter, you are seen for a particular reason, they diagnose you, et cetera, they use these codes and that code tells us what you were there for, what the diagnosis was, et cetera. So those codes didn't exist for COVID-19 and again, USET, thank you for being so incredible and moving forward regardless of whether or not those systems existed, again a true expression of Tribal sovereignty. So I'm going to shift from the East coast all the way North to our friends in Alaska and have Dr. Ellen Provost to talk a little bit about what the Alaska Native Tribal Epidemiology Center is doing.

Dr. Ellen Provost (00:24:34):
Thank you Abigail so much for this opportunity to answer this question. Just a brief intro, I have had the honor and privilege of serving as the Director of the Alaska Native Epidemiology Center for the past 14 and a half years. Our Tribal Epi Center is housed in the Alaska Native Tribal Health Consortium which is a statewide organization of regional Tribal Health Organizations serving the 229 federally recognized Tribes throughout Alaska. The main areas that our Tribal Epi Center Alaska always prides itself on is being especially unique. Our Tribal Epi Center has been involved in our Incident Command System, so we are operating under a unified command structure and there's a Tribal Incident Command System and three of our Epi Center staff have been detailed or assigned to the Incident Command System situation room, which is part of the Planning Unit and is involved in a lot of the data related functions for the incident command serving our Alaska Native Medical Center, which is our secondary and tertiary care health service delivery system as well as the Tribal health system statewide.

Dr. Ellen Provost (00:25:52):
There are multiple units throughout the organization that have been detailed to the situation room. I'll talk a little bit more about the work in the situation room, but I also wanted to mention that we have a standing MOA with the state for supplementing outbreak investigations as needed. So when the state needs assistance with contact tracing they know that they can reach out to the Tribal Epi Center and ask for additional human resources. We're also producing a cumulative case count and other summary statistics daily for our incident command system, which includes doubling times and comparisons to both the US and to the world. And then the two big focus areas for our work in the incident in the situation room is related to syndromic surveillance and predictive modeling. So let me first speak to syndromic surveillance. We established permissions with various THS Tribal Health Organizations around the state to implement COVID-like illness syndromic surveillance and provide weekly reports to each of them. In addition to providing presentations to a variety of audiences, the syndromic surveillance is based on the national syndromic surveillance programs essence platform. And we are monitoring for COVID-like illness at the facility level. In addition to COVID-like illness, we track behavioral health indicators. Because we have facility level permissions, we are able to view, monitor and report at the facility level. As I mentioned we would like to expand this capacity as we move forward for other diseases as well. For the predictive modeling, we have two subject matter experts in our situation room that are part of our predictive modeling team. One is our Epi Center doctoral level biostatistician and another is an analytics engineer from our business intelligence unit at ANTHC. I personally have learned a lot about predictive modeling. You've all heard the quote about driving a car at 90 miles an hour while building it. That's how it's felt. But we've learned a lot and a lot very quickly. We have provided and implemented some widely accepted preventative models for the Alaska Native Medical Center. We develop models for rural THS Tribal Health Organizations. We have participated in a collaborative statewide modeling working group with the University, the State of Alaska and the Municipality of

Anchorage as well as others. We developed and presented a model to a regional Tribal Health Organization in Bristol Bay in response to their serious concerns about the potential impact of the commercial fishing season that is beginning to ramp up. And we have responded to multiple requests for data and for presentations including to the providers here at ANMC to their campus managers, to rural providers statewide. And next week we're on the docket to present to all providers statewide. We're also looking to the fall and I'm worrying about flu immunization and our past flu immunization rates and thinking about better ways of monitoring, reporting, and getting people access to flu immunizations and to do better than we've done in the past. We stand ready, willing, and able to respond to requests to meet the needs of our region. Thank you.

Abigail Echo-Hawk (00:29:42):
Thank you so much Ellen. For all of the great work that you're doing there. I know as a person with family members in Alaska, I'm really grateful for that work. So I'm going to shift over to our next TEC Director in the Pacific Northwest and if we can have the incredible Dr. Victoria Warren-Mears talk a little bit about what is going on in the region of her Tribal Epi Center.

Dr. Victoria Warren-Mears (00:30:11):
Great. Thank you so much Abigail for that lovely introduction and welcome to all of you and thank you for attending our call today. My name is Victoria Warren-Mears. I have had the pleasure of serving the Northwest Tribes in Idaho, Oregon and Washington states as the TEC Director for 14 years now. And I'd like to just give a very brief overview of the actions that our Epi Center has been taking since late February around COVID-19. One of the first things that our Tribal leaders requested that we do was declare public health emergencies through a stay home, stay safe resolution that was passed in early March. At that time we had our Tribal leaders come together virtually and agreed that this resolution was appropriate and to strengthen the request to try, in the Pacific Northwest, to engage in passing resolutions that were similar on their own, should they wish to do so. That was one of our very first actions. Additionally, as soon as we heard about COVID-19 in our region we developed a seven member management team for the COVID response and developed a strategy of how we were going to respond to Tribal leadership requests in a timely and organized fashion. Also, one of our early actions was to modify our website and we thought that just putting information on the front page might suffice with links to key resources. We soon found that was not an effective tool. There was just too much information that we were trying to disseminate to have it be on our website's front page. So we constructed a COVID-19 website, which is housed on our board page and it's called it's www.npaihb.org/covid-19.

Dr. Victoria Warren-Mears (00:32:16):
That website has multiple pages that are detailing some of the information we're providing in the way of technical assistance. We also began two informational calls, one of which is our Tuesday call for Tribal leaders to answer questions about COVID-19 including funding and policy questions for the Tribes in our region. We continue to do those on a weekly basis. Then in the spirit of our previous Indian Country ECHO calls that you may be familiar with from our Center, we are going in and doing a COVID-19 ECHO. Those calls have been occurring for clinical practitioners throughout the nation two times a week. And as places are reopening, we're in the space of reevaluating the frequency of that, perhaps considering going back to one time a week, but we've been able to feature speakers from around the nation including yesterday. We had colleagues from the Navajo nation come and describe their response to COVID-19 and the recordings for those are available on our Indian Country ECHO website. Another key activity is partnership with the Portland Area Office of Indian Health Service to conduct regular surveillance. We have been working with the Tribes in the Northwest to collect their testing data, the amount of PPE they have on hand, as well as the dispositions of the tests that they've been conducting. Each day we are collecting that information from Tribes and providing that information to Indian Health Service to inform the national area. We started doing that quite early and continue to do that. Another piece that we're doing at this point, which is ramping up, is contact tracing. We have 20 members of our staff who are trained contact investigation investigators at this time. We have also trained 70 individuals from regional Tribes to be contact tracers. We are anticipating receiving some additional contract contact tracers and others to support our effort from the Centers for Disease Control and Prevention Foundation, which is doing a great job of supporting the Tribes at this time. The final action that I would like to mention is that we do have environmental public health in our center and have been consulting with Tribes at their request on the environmental safety actions for reopening facilities in our region. We've been supremely busy during this time and have been very well engaged with our state partners. We are on the Incident Command Team for the state of Oregon representing the Tribal Epidemiology Center and had preexisting data sharing agreements with Washington and Oregon for data from emergency departments. We do have data dashboards available on our website that are looking at the emergency department visits. I noted that there was an earlier question about tracking substance use disorder at this time and suicidal ideation, and we have been able to pull that data from our emergency departments that are in our region, so we're very glad that we had that partnership. It does allow us to identify individuals who are AIAN and compare that to the other population who is visiting emergency departments. At the end of all this, we're hoping to do some of our linkage work that we normally do to correct for racial misclassification with hospital discharge registries and other data systems to give a more accurate picture of the number of AIAN individuals who were hospitalized or contracted COVID-19. So Abigail, thank you so much for giving me the time to answer that question.

Abigail Echo-Hawk (00:36:14):
Thank you Victoria. And for those who are new to the work

of the science, research, epidemiology, data collection, et cetera, it's very common for us to reference our population of people, American Indians and Alaska Natives as AIAN. And so I just want to make sure people are aware of that when you hear what may be an unfamiliar acronym. And so I'm going to go ahead and shift down to the Great Plains Region and let's hear from PJ Beaudry from the Great Plains Tribal Epi Center.

PJ Beaudry (00:36:46):
Hi everyone. PJ Beaudry. I'm the Senior Director of the Great Plains Tribal Epidemiology Center. We serve 17 federally recognized Tribes and one Service Area here in the Great Plains region, Iowa, Nebraska, North Dakota and South Dakota. We do so as part of the Great Plains Tribal Chairmen's Health Board located in Rapid City, South Dakota. I wanted to start with that because our response to COVID-19 has been an organizational and sort of regional effort from day one. All of our activities have been in collaboration with our amazing organizational and regional partners. Just to jump right into it very similar activities to all of our partner Tribal Epidemiology Centers. One of the things we did very early on was try to develop a one stop shop on our website for a variety of federal, state, and local resources as they were rolling out. You know, digital resources and things like that. We also spent some time working to adapt some of those resources for our local communities culturally and in regard to other considerations at play, and making those available for print ads as requested. We also stepped up our activities and engagement with our state and other partners to access surveillance data as did many of our fellow TECs. We've been doing a lot of support for contact tracing primarily working with our state and university partners, as well as our Tribal partners that are pursuing that at the Tribal level. We've been ensuring that communications and activities affecting the Tribes in our area are coordinated across those various domains, sort of serving as a systems connector. We've been hosting a weekly call with GPT, CHB Tribal state and IHS partners to provide updates, discuss key ideas, and to provide a detailed epidemiological update. We've published a COVID-19 data dashboard on our website that covers the region, and allows for Tribal specific breakouts. We're responding to numerous requests for technical assistance and this has included working with our organizational and Tribal partners to adapt tools and leverage surveillance and modeling to estimate PPE and testing needs to guide purchasing donations and other types of requests for supplies. We've contributed to a variety of different grant applications to support COVID-19 response spanning a variety of different public health priority areas and needs: behavioral health, substance use and other areas. And maybe most recently and, and significantly we contributed to standing up a Great Plains emergency operation center with plans to develop a sustainable emergency management learning center and develop a Tribal specific emergency preparedness response, mitigation and recovery guide and toolkit. Through a similar mechanism, we're working to provide sub-awards to our Great Plains Area Tribal partners to develop, enhance or support similar activities, many of which are already ongoing at the Tribal level. We're really excited that many of our staff are participating directly in the operations of the EOC. And it's been a great opportunity for us to build that capacity, not just to respond to COVID-19, but also to respond to other emergencies that come up during this crisis and in the future. Those are just a few of the things, and thanks for the opportunity to share.

Abigail Echo-Hawk (00:40:44):
Thank you so much PJ, really appreciate the work that you're doing for your communities there. So moving over to the state of California where we have TEC Director Vanesscia Cresci on the phone with us. So, hi Vanessa.

Vanesscia Cresci
Thank you. I'm happy to share what CTEC has been doing in partnership with Tribes in California. The CTEC is a statewide center that serves all 109 Tribes, 10 urban Indian clinics, and 32 Tribal health programs. We are housed within the California Rural Indian Health Board which has a membership of 59 Tribes and 19 Tribal health clinics. Some of the things that we have been doing are, you know, somewhat similar to what all the other TECS have shared. We are doing surveillance and so that includes daily situational reports that brings data from the state and from Indian Health Service and we disseminate that on a daily basis. We also provide guidance in terms of communication. Things that come up from the CDC or the state, we repackage that into language that is understandable by community members. We create educational materials. We have developed some ads from Tribal community leaders from across the state. We are in the process of creating public service announcements that Tribes across the state and clinics would be able to use. There'll be from their community. We have also focused on partnership, working to expand and enhance our existing partnerships with counties. There are a lot of counties in California, so we work in collaboration when asked to work with the County and Tribe and clinic with response work. We also have expanded our partnership with the California office of emergency services and the department of healthcare services.

Vanesscia Cresci (00:42:45):
We have done things similar to other TECs in terms of contact tracing. In the case investigation we have been training Tribes and Tribal health clinics so that they can increase their capacity and knowledge to be able to do their own contact tracing and in case investigation in partnership with the county and the state. We have also provided training related to infection control. We have been the coordinator of bringing PPE into clinics and Tribes. So if there's a statewide donation, we come in and receive that and disseminate that across the state. We also provide educational webinars too, so things that have been deemed important for Tribes and clinics, we've put together webinars to meet their needs. Depending upon where each clinic and Tribe is at, we tailor our response, our support, training and technical assistance to meet them where they're at. Thank you for this opportunity to share. Thank you Abigail.

Abigail Echo-Hawk
Thank you so much for that. And we'll do one more on this particular question and I'm going to go to Oklahoma to Tracy Prather.

Tracy Prather (00:43:57):
Thank you Abigail. Appreciate the opportunity to visit with you today and much like what everybody else has talked about is similar to our response. We tried to look at funding availability to pass that along to the Tribes as much as possible- Tribal assistance. The, what, when, where, how we can plug in, how we can bridge those gaps and make that available to the Tribes. It's important to us as we serve the Tribes that we share every opportunity and then work with them on the data front to be able to access the best data that we can provide to the Tribes as they are looking to acquire funding opportunities as well. PPE, contacts and sourcing, having the availability to get that information out. It's been important to us.

Tracy Prather (00:44:51):
Technical assistance response with every opportunity. We've looked at not only posting CDC and state recommendations, but then also emergency response for preparedness. The connectivity that we can provide for resources has been huge. In Oklahoma we've got a wide array of Tribes across Oklahoma and Texas and Kansas. Many are rural. Many are smaller Tribes and we're trying to make sure they have those connections and opportunity for PPE and purchasing where they can. Helping to connect opportunities and availability for purchasing and then for us to purchase if they have that need and request, as well as doing a lot of things that all the Tribal Epi Centers are doing. As we serve the Tribes, we look at and on an individual basis what their requests are to us. We do the best we can to fulfill their needs. So thanks so much.

Abigail Echo-Hawk (00:46:02):
Thank you so much Tracy. And you know, my Tribal Epi Center of the Urban Indian health Institute is like Tracy said, doing so much that is similar to the other TECs but also unique. So I suggest that everybody on the call, you can go to the websites of these individual Tribal Epi Centers on those websites. Our resources for example, in the Urban Indian Health Institute, you can find resources related to understanding what antibody testing is, what it actually can tell you and what it doesn't tell you right now. Contact tracing resources for both clinicians and for the community and as Tribal Epidemiology Centers. Really recognizing and ensuring that we do that in a language that is understandable to our communities. What I mean by that is that it's culturally appropriate and culturally grounded and we are all doing that in a variety of different ways. Victoria's Epi Center just came out with an incredible video around safe sweats and other cultural considerations. My organization did a partnership with Bunkie Echo-Hawk and we have a little guide illustrated on how to talk to your kids about COVID-19. We have all taken these cultural considerations in the resources that we are putting out. It may be we're out gathering data, for example with the Urban Indian Health Institute, one of the struggles that we have is that many Native people living in urban settings are not accessing services that I can get data from, from the Indian Health Service. So they're going to outside hospitals, clinics, and one of the things we know in most states, and I can give an example here of Washington state, we're 37% of all of the positive COVID recorded test and associated deaths, 37% don't include any racial data at all.

Abigail Echo-Hawk (00:47:45):
And we are seeing that nationwide and large hospitals and clinics, they're simply not collecting the racial data, which means that our people are very, very likely to be the ones who were either racially misclassified. So they're called another race instead of American Indian or Alaska Native, or their data simply wasn't gathered. Without that information. We cannot truly understand the impact of COVID-19. So you can go to my website and we have put out resources on best practices for states, counties, hospital systems, clinics on how they should be gathering this data. Again, all of these things that we're doing as Tribal Epi Centers are culturally grounded and guided by the communities in which we live. We work and we serve. And myself as a Native person, this is something that I know for many of us is a life's calling to serve our communities well. And so I have a couple of TEC Directors who haven't had an opportunity to speak yet. I'm going to skip around a little because we're running short on time. We had this big dream of lots of questions. And I'm actually going to move down to a question and ask Ramona Antone-Nez from the Navajo Nation. Ramona, if you can share a little bit about what type of COVID-19 surveillance or other data related activities that you're doing down there on the Navajo Nation right now.

Ramona Antone-Nez (00:49:14):
Yeah, thank you. We want to say greetings to all our public health brothers and sisters who are out there. I do want to recognize that COVID-19 has taken a large impact here on the Navajo Nation and the Navajo Epidemiology Center is playing a critical role in the response to COVID-19. Just want to let you know that the main activity that we do is work across the Navajo Nation healthcare system. This includes Navajo Area Indian Health Services as well as the Tribal organizations, which also are referred to as 638, and we have been building a relationship with them over the years. What we have done is work very closely with our partners and also with the state of Arizona, New Mexico and Utah to gather information on the number of tests that have been conducted, the number of negatives, the number of positives and then also which would be the morbidity mortality on Navajo. And this, the case definition that we have is we report out on persons who reside on the Navajo Nation. We are also keeping an eye on the border towns as well, but we are very interested in Navajo Nation data. We have contact closely with our leadership here on the Nation to keep them informed. We are watching how COVID-19 is spreading across the Nation as it's moving through. We are using contact tracing and standardization to observe that here on the Nation. There are public health orders that have been implemented across the nation. They just wanted

to share with you that in a very quick nutshell and invite you to the Navajo Department of Health webpage to learn more about COVID-19 on the Nation. Once again thank you to all those ones that keep helping us every day as we serve the Nation here. And our people [inaudible] take care of wash your hands. Stay well everyone. Thank you so much Ramona.

Abigail Echo-Hawk
And so related to this question, I'm going to direct a question to Kevin English. How does your Center typically share data? And so we've been getting a lot of requests as Tribal Epi Centers for sharing of information and there's not a lot of understanding on how we share data whether it be the data that we're collecting through active surveillance or other data that we have access to. So Kevin, if you wouldn't mind sharing a little bit about how your Center typically shares the data.

Kevin English (00:52:56):
Thanks, Abigail. Hello again. So as a TEC, when we think about our guiding principles, two of the most important that we have are to protect the confidentiality of the information in the health data that we have access to and to always honor Tribal sovereignty. And so our goal is definitely to produce the highest quality, most accurate and meaningful data for the Tribal communities that we serve. And through the years we've learned from our Tribal leaders that the meaningful data for them is Tribes specific data. And so while not always feasible, our team is constantly trying and working diligently to produce this type of data and provide that to the communities that we serve. But at the same time, we always have to abide by the standard that any Tribal specific data belongs to the Tribal community where it originated. So this is just one of the ways that we're always mindful to honor the inherent right of sovereign nations to govern the collection, ownership and application of data about their own people. And so with regard to data sharing, like Abigail, just ask, it's our explicit policy to not share or release Tribe specific data to any entity other than the Tribe itself without Tribal leadership approval. At our Center, this policy is operationalized in many different ways. Two primary ways is we do have a confidentiality policy that all staff sign and are expected to adhere to. We also engage in data sharing agreements between our Center, AASTEC and each of the Tribal communities that we serve. And those agreements clearly state that the data belongs to the Tribe. They also outline the type of data that's to be shared, who can access it, how it will be stored and protected and how it will be used and disseminated even during this Coronavirus pandemic, although we've been asked we do not share type specific data publicly.

Kevin English (00:54:55):
Instead, we've always extended the same practices that are already universally employed to protect individual level data to also include Tribal identifiers. We believe that there have just been too many past and present day examples where the public release of sensitive Tribe specific data has resulted in unintentional harm to American Indian and Alaska Native people in communities. And so with that said, I do think it's important to note that we still do routinely produce meaningful, timely and publicly available data reports, but those have aggregated data that's de-identified at both the individual and the community level. An example would be throughout this pandemic, our Center has produced and disseminated a daily situational awareness report for both our Tribal partners and our non-Tribal partners. These reports typically contain County level or other small area level data. Sometimes suppression is necessary when we're talking about small numbers, but it's our belief that these publicly available reports still provide the valuable and actionable information for data driven decision making that is needed while simultaneously protecting the confidentiality and sovereignty of the Tribal nations that we serve. As has already been mentioned, I believe in the Q and A, it is a priority for Tribes to get their own data during this Coronavirus pandemic. We urge and we work in partnership with folks at state Departments of Health, Indian Health Service and with the Tribal communities themselves to try and get this data to the communities to whom it belongs. So we are, and I think most of our Centers are, engaged in that practice of trying to get the most meaningful data into the hands of Tribal leaders so they can use it to drive their policies and decision making. At the same time, it's always going to be our policy not to release that data publicly without the explicit approval of Tribal leadership in our region.

Abigail Echo-Hawk (00:56:49):
Thank you so much Kevin. That is an absolute expression of Indigenous data sovereignty and just because we are in the midst of a pandemic that does not ever trump Tribal sovereignty and the ability of Tribes to govern the data that comes from their communities. Thank you for sharing how your Tribal Epi Center is protecting Tribal data. And for our last questions, we are running at the end. We will stay and have more conversation after, but I know some folks are going to have to get off the call. I would like to go to Helen and the Rocky Mountain Region and ask you a little bit about what challenges you have faced in the efforts around gathering COVID-19 surveillance and other related data.

Helen Tesfai (00:57:30):
Hi, I'm from the Rocky Mountain Tribal Leaders Council in Billings, Montana. Our Epi Center have Tribes in Montana as well as Wyoming. So the main problem we're facing, especially regarding surveillance for COVID-19, is not getting access to track Tribe specific data. I will talk about specifically for secondary data collection. When we approached the state Department of Health, Boise, Montana and Wyoming to get access to Tribe specific data, the response we got at the end is they are not able to give us access to the Tribe specific data. The reason for that is because of the protocol. We are going to continue with our discussion on how we collaborate and how they can give us access to that data. But at least for now, they are giving the data directly to the Tribe, which is very important for us. But at the same time the state has to acknowledge that the Tribal Epi Center has a public health

authority. We need to get access to the data so that we can do our job and we will continue our discussion with both states. That's the main problem we are facing, especially for Tribe specific for secondary data collection. The other thing is also our Epi Center gets Tribes specific data from IHS, but we haven't received any of the specific data on COVID-19 and I know IHS is working on that. Hopefully we'll get the data soon so that we do our job and provide the data or the report to the Tribe. That's mainly for the secondary data collection.

Helen Tesfai (00:59:25):
The other ones, if we're talking about the primary data collection we are not actively participating on any data collection. One reason is we don't have enough staff. I think came up when Kevin was giving the overview of the Tribal Epi Center, remember the core, the core fund comes from IHS. So to give you an example for our Epi Center, I only have one epidemiologist and one coordinator. So we are really, really understaffed. We are only trying to help with any data requests we are receiving or any grant writing. So in a way we are really limited also on that part. There was also a request about training on contact tracing. I don't have any staff who will provide that at this moment at least. We sent out a link to a free training to each Tribal health Director. That's a big challenge we're facing now just in general for surveillance. Thank you.

Abigail Echo-Hawk (01:00:39):
Thank you so much Helen. We really appreciate the work that is happening and you're absolutely right. We all are experiencing where we would do more if we had more resources and more team members in order to do that. And we, along with anybody funded by the Indian Health Service, are chronically underfunded as a result of the continuing chronic underfunding of Tribal entities by the U S government. And their currently not fulfilling the Tribal trust responsibility that they have to ensure that we have good quality healthcare, which means good quality data. And so the efforts of all of my fellow TEC Directors, I am inspired by you every single day. I appreciate all of you. I told them all a couple of weeks ago as an Echo-Hawk and as a member of the John family and Alaska, I have family members in every single region that they serve across the United States.

Abigail Echo-Hawk (01:01:33):
And, and in the traditions of the Pacific Northwest people in which I live and work, I raised my hands to you and gratitude for all of the work that you were doing. For those who have to get off at 12 o'clock, I have noticed a bunch of people are dropping off. We will go ahead and officially be over however we are going to keep having this conversation. Probably for the next 20 or 30 minutes. If folks would like to stay on, it will be part of the recording so you can always go back to the recording, which will be posted on our Tribal Epi Centers website and you can go to that recording and catch any of the questions that you didn't get through that recording. So again, in gratitude for everybody who was on the call today, we didn't have time and weren't able to do representation from the Great Lakes region, nor from the folks in Arizona.

Abigail Echo-Hawk (01:02:24):
However, please go to their websites and check out the incredible work they're doing. They're doing their work, which is one of the reasons they weren't able to make it here today. But please check out their websites. And if you're a Tribal leader in that area, please work with your Tribal Epidemiology Centers. They work to serve your community well. So back to my fellow TEC Directors. If any of you guys have any questions that came up as you heard what was happening and what you may have seen in the chat box or if there's something that you feel that was missed that you'd like to talk about by your center, please send me a little direct message. I would appreciate that and then we can go to you. But I really did actually want to go back to Kevin. I'd love to hear some of the challenges that you've been facing in your region, specifically around the data collection and epidemiology surveillance.

Kevin English (01:03:18):
Sure. Thanks Abigail. Yeah, so it was already alluded to by several folks, including yourself. One of the challenges that we're definitely experiencing is the lack of collection of race or ethnicity as well as Tribal affiliation. And so for example, in New Mexico, when the lab sample is collected at a large community event or an off reservation event, that information is not collected on the lab form. That information is then being transferred over to the Department of Health in the state who then has to utilize clues like address provider name and start to pull together and assumption of where that data may belong. And so then in order for that information to actually make it back to the Tribal community where it belongs, we could be talking about anywhere from a day to even five days before it's properly sorted and investigated the case. Investigations don't necessarily happen right away. What we are finding is that these case investigations take some time in order to emerge in the local and it meds data system, essentially the mandatory reporting disease surveillance system before we can actually get that key information. And in some instances you've already lost a tremendous amount of time to do the appropriate contact tracing that would then accompany the case investigation. So that is one. What we're also finding is that there's really a lack of interoperability between systems. So whereas, you know, Indian Health Services collecting some data, the Department of Health is collecting some data. Other Departments of Health are collecting their data. They're not using systems that are connected. And so we know that the communities we serve don't always reside in a single state and some use Indian Health Service and some don't.

Kevin English (01:05:12):
So again, and I saw in the chat people asking about the accuracy of IHS data, the IHS data is going to reflect the active user population, not necessarily the entire Tribal population of a given community. I saw it in the chat as well, that my colleague Michelle addressed, there are failures of folks to protect the

Tribes specific information. And we recently saw that where in New Mexico under the auspices of the Inspection of Public Records Act, Tribes specific data was shared publicly in an online journal essentially. And so that was done without consultation or approval from the Tribal communities that we serve. And it was also subject to all of these limitations that we're talking about. So I don't even have much confidence that what was released was accurate because we already know that there's a tremendous amount of racial and ethnic misclassification. We know that this information about Tribal affiliation may not be collected. And we know that Tribal leaders haven't necessarily vetted the data either. So again, we completely appreciate the desire to have real time access to data in the midst of a pandemic. But these challenges are creating barriers to providing with the highest quality, most accurate data. We're sensitive about releasing any of this information. What does get shared? We want to make sure it is as high quality and as accurate as possible.

Abigail Echo-Hawk (01:06:40):
Thank you, Kevin. That is absolutely such a good point, especially right now when we're seeing people are trying to find data wherever they can. There's a lot of crowdsourcing of data happening. So people going through social media posts and other things where they're attempting to find the number. And those are incredible, great efforts and I understand why they're happening. But I'll just give an example of how that can go very badly is we had an incidence where it was announced through Facebook that somebody died related to COVID when in actuality the individual died related to a different reason that could have been more stigmatizing or reflected in a different way. And so they actually announced his death as related to COVID when it wasn't. And that may be a rare occurrence, but it may not. We simply don't know. And so that's one of the things when it comes to medical records and why the work of the Tribal Epidemiology Centers are so integral as Tribal public health authorities. We should have access to the pub, to the medical records and to the other health data that is being collected by both the federal governments, the states, the counties in order to get information that has been verified. Now we know there's absolutely huge rates of racial misclassification, but it's going to be the closest that we get right now. And at least that way we know the information has been verified, the test has been verified. And that we know that that's just simply not something that you can do from crowdsourcing data. And so while it is absolutely incredible efforts that folks are doing, there is such a limitation to it.

Abigail Echo-Hawk (01:08:17):
That is one of the things that my Epi Center is really concerned about and doing all that we can to assist in getting good quality data. And assisting the states, the Tribes, also the County and the feds on how they can collect this data better. In Victoria's work on doing linkages which help correct for racial misclassification is another key thing that needs to continue because COVID-19 is not going away next month. It is here for a while and we need to make sure that as this goes on, we're putting systems in place that allow for us to capture the correct information. So I did mention the work of Dr. Victoria Warren-Mears and her team in the Pacific Northwest, and we actually would like for her to share a little bit more about the work of her communications team. I talked about the video they just put out. They've been doing incredible work. And so Victoria, we'd love to hear a little bit more about what your communications team is doing as you work to address COVID-19 in the Pacific Northwest.

Dr. Victoria Warren-Mears (01:09:22):
Hey, thanks again, Abigail. As I was presenting what our center is doing, I forgot one of my most important teams and I don't want to ever shortchange their efforts because it really is key to what we're able to produce in our center; that we have an awesome communication team. Our communication team is led by Dr. Stephanie Craig Rushing, who some of you may know from our WeRNative website. Her research is exclusively around delivering health messages through electronic media, which is fabulous at this time. We are very excited to have a robust partnership with the Native American Center of Excellence at Oregon Health and Science University. And Dr. Erik Brodt who's the lead physician on that team and the principal investigator. We were able to work with them to do some excellent film work for safe sweats. We've been trying to do a lot of messaging and consulting with our Tribal leaders as well as Tribal elders and Indigenous healers around what the messaging should be to find the line between the amounts of information that we know now in Western science, which is not a lot, and trying to also encourage Indigenous practices that may lead to better health during this time, both mental and physical. We have a very diverse staff. Most of our artists who are on staff are Native and so we feel they have a good grasp, but we weren't absolutely certain that the messages that we were creating were hitting exactly. So a new task that we have decided to do, which I personally find very exciting, is some focus groups with some traditional healers in our region. So right now we have seven Northwest traditional healers who are coming together in a focus group type setting with a facilitation by our Native staff to talk about their response to the messages that we've put out and what they would like to see. And so we're really trying to incorporate that and get that feedback about what's needed. And we've heard being more direct in what you're saying cause we try to be soft and nice in our presentation and the leaders we're talking to say be very direct. So we've tried to incorporate that in our new messages. But we're doing a lot of themed work and we found that one of our series, which a select Tribal member is the lead on and it's called "What Would Big Foot do?" and that may not resonate with people outside of the Pacific Northwest, but it resonates very well for many people. We were talking to another organization in our area, the Columbia River Inter-Tribal Fishing Council, and they've adopted those messages and find that they are resonating really well with our fishermen along the Columbia River and is way to reach people that we may not have been reaching at all. We're trying to do that and trying to tailor our materials very specifically with the help

of traditional healers. We reached the audience of Tribes and Tribal healers very appropriately. Thank you for letting me explain that out to you.

Abigail Echo-Hawk (01:13:00):
Thank you so much. And everybody please make sure that you're checking out the websites of the Tribal Epi Centers. And I know Victoria's website is just really well done and easy to get to the information that you're looking for and has a lot of great info that can be used in a multitude of different places. I love that. You know, for many of our folks it's about sharing stories. So while Bigfoot may not have the same resonance, it is a Tribal story that would be great to be read in another Tribal community. Just as you know, a lot of our communities simply don't have these really well tailored and beautifully done stories. And it's also an example of what could be done in your communities that you could be advocating for. So, for example, the work that we did at the Urban Indian Health Institute on how to talk to kids about COVID, you can actually submit a request through our website and I'll send you those and big posters and big popup banners and little books, whatever it is you'd like to do to have it in your head to start programs or in your clinics. And I know many of my other colleagues are doing exactly the same. I am going to answer something from the chat box that I'm seeing right now and I just want to explain the Tribal Epidemiology Centers. Our core funding comes from the Indian Health Service. We are not the Indian Health Service, so anything related to research trials and things that are happening within IHS, those are not anything that we would know about most of the time unless they have asked our Epi Center very specifically to partner with them on. Those are questions related to IHS that would need to go to IHS and are not ones that we would be able to answer. And then another one is related to policy. We had a question here to hear about what our policy advocacy priorities are right now and again, the work that the Tribal Epi Centers do varies. Some Epi Centers work very directly with the Tribal policy folks within their other organizations. Others it's a separate division and department and they use the data that is being collected by the Epi Centers and is being put out for the Urban Indian Health Institute. I worked directly with many members of Congress to educate and inform them and to share this information both in UAE with our organizations and also with our National Council on Urban Indian Health who does a fabulous job. And I know that many of us sit on calls and participate in things with the National Congress of American Indians. We work as collaboratively as possible with all of those organizations, including the National Indian Health Board and others. And so it just varies place to place. And policy priorities also vary because what is needed in Alaska is different than what is needed in the Navajo Nation, and it's different than what is needed in New York City. The variance between the Tribal Epi Centers is what makes us strong. That is what gives us the ability to move things forward. And it is necessary because we are all different nations, different languages, different cultures, different peoples, which is why instead of just one single Epi Center, there are 12 across the United States, again, through the advocacy of Tribal leadership.

So if there's any other questions that the TEC Directors, I don't see any other in the chat box. If anybody wants to say anything otherwise I will close this. And I want to express gratitude, but I just want to check and see. Anybody else want to say anything?

Abigail Echo-Hawk (01:16:31):
All right. I don't see anything else, so maybe they just want me to shut up. I appreciate the ability to spend time and to be in relationship and community with everybody here on the call. The health and wellbeing of our community is where our hearts are and we will always stand with our feet, soul, the soil and connection with mother earth. Our eyes on the mountain, our hands in the water. And I always hear that whispering and for me as somebody from Alaska and from Oklahoma, the Northern and Southern winds that help guide us as we follow our ancestors' footsteps as we work to create a better future for the next generations because we are the next ancestors and ensuring the impact of virus does not hurt our people in a disproportional way is the work that we're doing here at the Tribal Epi Centers. Thank you for all who have joined this call and I want to express my gratitude and raise my hands to my fellow TEC Directors. I appreciate all of you and the incredible work that you're doing in your communities. This webinar will be available recorded on the Tribal Epi Centers website. So if you'd like to go back and to review any of those I'm going to talk to our team and hopefully we'll be able to post all of the answered questions there also. And if you're looking to reach a particular epidemiology center, you will also find our contacts on the webinar, and you'll also be able to find those on the Tribal Epi Centers website. So, thank you all. Have a wonderful afternoon and walk in grace. Thank you.